

2001

UNIVERSITY OF TEXAS MEDICAL BRANCH

Comprehensive Health Solutions

SICK CALL REQUEST



PART A: (To be completed by Inmate)

Date: 9/16/18

Name: Clint Harrington

County #: 64826

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other _____

Reason for Health Services Appointment: I would like to speak with Dr. or someone about weining off Methadone a little at a time and come up with a treatment plan. Thankyou! God Bless

How long have you had this problem? Hours: _____ Days: 7

PART B: (To be completed by medical personnel- Do not write below this line)

Medical Reply: ASC

L. Madden, LVN
Medical Staff Member's Signature

9/16/18
Date

2201

UNIVERSITY OF TEXAS MEDICAL BRANCH

Comprehensive Health Solutions

SICK CALL REQUEST



PART A: (To be completed by Inmate)

Name: Clint Harrington

Date: 9/19/18

County #: 64826

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other

Reason for Health Services Appointment: Shaking, twitching, nausea
Want to request a medical cell for a few days.
Also need Gulf Bend paperwork so I can get my meds.

How long have you had this problem?

Hours: 24

Days: 1

PART B: (To be completed by medical personnel- Do not write below this line)

Medical Reply: _____

[Signature]
Medical Staff Member's Signature

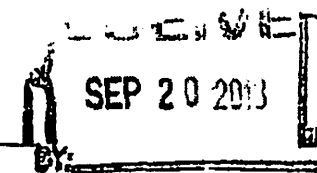
9/20/18
Date

2201

UNIVERSITY OF TEXAS MEDICAL BRANCH

Comprehensive Health Solutions

SICK CALL REQUEST



PART A: (To be completed by inmate)

Date: 9/21/18

Name: Clint Harrington

County #: 64826

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other _____

Reason for Health Services Appointment: anxiety, pain, shaky,

How long have you had this problem? Hours: ~~24~~ 48 Days: 2

PART B: (To be completed by medical personnel- Do not write below this line)

Medical Reply: Gulf Bend app sent 09/20/18

Medical Staff Member's Signature

09/20/18 2325
Date

2201

UNIVERSITY OF TEXAS MEDICAL BRANCH

Comprehensive Health Solutions

SICK CALL REQUEST

PART A: (To be completed by inmate)

Date: 9/28/18Name: Clint HarringtonCounty #: 64826Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other _____Reason for Health Services Appointment: Can't sleep; pain, anxiety

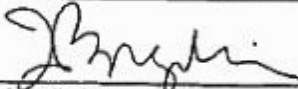
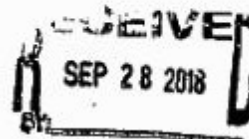
How long have you had this problem?

Hours: _____

Days: 4

PART B: (To be completed by medical personnel- Do not write below this line)

Medical Reply: _____

Gulf Bend appt. 09/29/18
Medical Staff Member's Signature09/29/18 0145
Date

UNIVERSITY OF TEXAS MEDICAL BRANCH

Comprehensive Health Solutions

SICK CALL REQUEST

PART A: (To be completed by inmate)

Date: 9/29/18

Name: Clint Harrington

County #: 64826

2201

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other

Reason for Health Services Appointment:

Can't sleep, extreme pain & anxiety,
cannot lay down on mat from pain caused from 2 back surgeries,
shaking, tremors, restless legs PAIN Please help me. Thank you God Bless.

How long have you had this problem?

Hours: _____

Days: 5

PART B: (To be completed by medical personnel- Do not write below this line)

Medical Reply: _____

NSC

Kauy

Medical Staff Member's Signature

9/29/18

Date

UNIVERSITY OF TEXAS MEDICAL BRANCH

Comprehensive Health Solutions

SICK CALL REQUEST

PART A: (To be completed by inmate)

Date: 10/2/18

Name: Clint Harrington

County #: 64826 / 2201

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other

Reason for Health Services Appointment: Toe nail ~~broken~~ ripped off.
Need band-aids

How long have you had this problem? Hours: 2 Days: _____

PART B: (To be completed by medical personnel- Do not write below this line)

Medical Reply: NSC

Kerry
Medical Staff Member's Signature

10/3/18
Date

202

UNIVERSITY OF TEXAS MEDICAL BRANCH
Comprehensive Health Solutions

2201

SICK CALL REQUEST

PART A: (To be completed by inmate)

Date: 10-03-18

Name: Clinton Harrington

County #: 64826

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other

Reason for Health Services Appointment: I need a bigger shower
to shower in because claustrophobia from PTSD
causes me to panic uncontrollably from the confined space

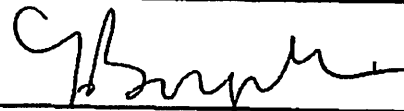
How long have you had this problem?

Hours: _____

Days: _____

PART B: (To be completed by medical personnel- Do not write below this line)

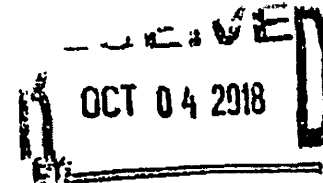
Medical Reply: Seen at cellside 10/4/18 2140



Medical Staff Member's Signature

10/05/18 0030

Date



100

UNIVERSITY OF TEXAS MEDICAL BRANCH

Comprehensive Health Solutions

2201

SICK CALL REQUEST

PART A: (To be completed by inmate)

Date: 10/3/18

Name: Clint Harrington

County #: 64826

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other

Reason for Health Services Appointment: Extreme shaking. Can no longer take care of my own needs. Panic attacks, PTSD

How long have you had this problem? Hours: _____ Days: 2

PART B: (To be completed by medical personnel- Do not write below this line)

Medical Reply: MH appt already scheduled

[Signature]
Medical Staff Member's Signature

10/05/18

Date

0025

